1. The meeting was called to order at 10:20 AM.

2. Members and guests present were:

<table>
<thead>
<tr>
<th>NAME</th>
<th>ORGANIZATION</th>
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<tr>
<td>Doug Erickson</td>
<td>ASHE</td>
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<tr>
<td>Ken Faulstich</td>
<td>VA</td>
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<tr>
<td>Tom Jaeger</td>
<td>AHCA</td>
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<tr>
<td>Phil Jose</td>
<td>VA</td>
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<td>Jim Merrill</td>
<td>HCFA</td>
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<td>George Mills</td>
<td>ASHE</td>
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<tr>
<td>Dean Samet</td>
<td>JCAHO</td>
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<tr>
<td>Robert Solomon</td>
<td>NFPA</td>
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<tr>
<td>George Stevens</td>
<td>JCAHO (Guest)</td>
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3. The agenda was reviewed and requests were made to also have a discussion on attendance at HITF meetings and publication of the interpretations.

4. Name Change of HITF

This was in response to a letter received at NFPA that expressed concern over the use of word “Interpretations” in HITF. Several of the interpretations previously rendered by the HITF were forwarded to a member of the state building commission in Connecticut for consideration by the state. This prompted a letter from the Chair of the NFPA TC on Healthcare Occupancies to NFPA. In essence, the letter expressed concern over the use of the term “INTERPRETATION” in HITF. While the TF agrees that their interpretations are not to be considered to be Formal Interpretations, the TF believes that the word interpretation is not a unique NFPA term. Other groups such as JCAHO and HCFA issue Interpretative Guidelines and Interpretation Bulletins. As a result of this discussion, the TF voted to:

Maintain the current title of Healthcare Interpretation Task Force and to publish a disclaimer with each interpretation rendered that is similar in form and content to that required for NFPA committee members and NFPA staff.

5. Format of Rendered Interpretations
This issue was also raised in the same letter referred to Number 4. The format selected by NFPA staff was simply an easy and readily available format. Although parts of it mimicked the NFPA FI format, it was not intended to mislead anyone looking at the interpretations that they were FIs. The format will be altered so as to not leave the impression that these are Formal Interpretations.

6. Procedure Changes. The following procedural change for evaluating a question was discussed. A motion was made, seconded and accepted to adopt the following:

Questions put before the HITF will be voted on as follows:

Part 1. Is the subject appropriate for the HITF?
Part 2. If the HITF votes YES to Part 1, then the HITF will evaluate the merits of the question and try to resolve the issue. If the HITF votes NO to Part 1, then the HITF will move on to the next subject.

All HITF members get to vote on Part 1. AHJ members only vote on Part 2.

Consideration for Part 1 issues should include: Does the issue impact a large number of facilities, or is it a site specific problem? Is it addressing a conflict between AHJ organizations?

This change will still allow for a reasonable, but limited discussion on an item so as to help the individual in understanding a subject or to assist the individual in looking at other resources.

7. Wards and Suites. This item has been pending since September of 1998. The research done on this subject thus far indicates that there is a potential gap in the life safety protection associated with unsupervised sleeping suites. This is a condition which is seemingly allowed by the 1997 edition of NFPA 101, but which was likely not intended. Phil Jose, Ken Faulstich and Dean Samet agreed to develop language for consideration as a TIA to the 1997 edition of NFPA 101, and that could also be considered for inclusion in the 2000 edition of NFPA 101 as well. Robert Solomon will be checking the NFPA Regulations to see what method is best to incorporate any such changes into the 2000 edition of the Code.

8. New Business. The following issues were discussed:

- VA representative asked about the applicability of the NFPA 13 library stack rule being applied to file rooms and file storage. The HITF agreed that such an approach may make sense but that there are too many variables-type of storage (paper, film), height of storage, fixed or moveable shelving. Mr. Solomon agreed to forward that item to the NFPA Sprinkler Committee for future consideration. HITF Final Action: NONE
- VA representative asked about the issue of an internally illuminated exit sign, that also happened to be externally illuminated as well. If the internal illumination fails, but the external source still maintains the required level of illumination, should this be considered a violation of NFPA 101? The HITF did not believe that sounded like a item that required a formal response. NFPA 101:5-10.3.2 allows the external illumination. As long as the resulting level satisfies this provision, there should not be any problem and the provisions of NFPA 101: 1-3.13.1 should not be applied. NFPA 101:A-1-3.13.2 should also be
reviewed as it addresses these types of issues as well. HITF Final Action: NONE

- JCAHO representative asked about exit sign placement strategies. In essence, is it intended to see an exit sign(s) from any point in the corridor? In general not necessarily. As stated in NFPA 101:5-10.1.4, signs are expected when exits access ‘...is not readily apparent...’. This will vary greatly between what any two or three individuals might perceive to be readily apparent. This item will be field specific and will require much judgement to be applied. HITF Final Action: NONE

- ASHE representative brought up an issue of installing push plates on non-rated corridor doors. NFPA101: 12-3.6.3.4/12-3.7.5 among others were changed for the 1997 edition to specifically permit 48 inch high armor plates on such doors. An unintended consequence of this change is that these sections now appear to control what can and can not go on the door. Since the push plate is not specially mentioned, and since these may be installed more than 48 inches above the bottom of the door, the interpretation has become (including from NFPA staff), that such items are not permitted. In other word, NFPA 101:12-3.6.3.4 has become a ‘permissive door attachment’ section. If it is not mentioned in this section, it may not be permitted. Mr. Erickson developed language that will be placed before the NFPA TC on Healthcare Occupancies as a possible Formal Interpretation. HITF Final Acton: PENDING (See Enclosure I)

- VA representative brought up an item on retention of fire extinguisher inspection tags. The question related to the one year record policy. No source of where the one year rule came from was included-it is not in NFPA 10. Since the HITF did not know what the exact issue was or what the source document was, there was no further discussion. HITF Final Action: NONE

- A discussion was held concerning validation surveys under the 1985 edition of NFPA 101. The 1985 Code contains language that requires sprinklers throughout existing facilities (NFPA 101-1985:13-3.5.2) in order to derive any construction modifications by having sprinklers installed. Later editions of the Code allow select construction modifications to be taken in areas where the sprinklers are provided. One solution to fix this is to get all agencies to use newer edition of the Code. HITF Final Action: NONE

- It was suggested that a long term issue that should be taken up by the HITF is to develop guidelines or recommendations for ‘major’ vs. ‘minor’ renovation in NFPA 101. This is a constant source of debate and confusion. HITF Final Action: PENDING. Work to develop guidance on this issue for the 2003 edition of NFPA 101.

- HITF Participation. It was noted that IFMA has been absent for two of the three meetings. Given that only four AHJ members vote on the questions, this is a significant problem. HITF Final Action: Mr. Solomon will write to IFMA and request their help in getting the IFMA representative to attend the meeting.

- Publication of HITF Information. It was noted that IFMA and HCFA are not publicizing the HITF background information nor the resolved questions. This was a condition agreed to by all organizations who come to the HITF forum. Mr. Merrill said that he will work on his end to get this information distributed. Mr. Solomon will address this issue in the same memo to IFMA.

- Mr. Erickson indicated that he had received a letter from an individual in the US Air Force, Healthcare Facilities Division who had expressed an interest in formally joining the HITF. DOD was an organization specifically mentioned as a future participant. HITF Final Action: Mr. Solomon will write to the Air Force contact and invite him to participate as a non-AHJ member.
9. Old Business
   • Mr. Jose indicated that he had received an FI from the NFPA TC on Incinerators concerning a chute fire door issue. This FI was the result of an item brought before the HITF in November 1998.
   • The HITF was reminded of an issue in NFPA 101: 12-3.2.6 concerning applicability of NFPA 96. The NFPA TC on Commercial Cooking Operations issued an FI stating that NFPA 96 was to be applied to any type of grease producing appliance, regardless of its size in buildings other than residential.

10. Date and location for next meeting. The HITF will plan to meet following the Multi-Organizational Healthcare meeting in Baltimore, MD on 18 May 1999. The next meeting after that will be held on 9 September, 1999 at JCAHO headquarters.

11. Adjournment . The meeting adjourned at 2:45 PM.

Minutes prepared by Robert Solomon, PE  NFPA
FORMAL INTERPRETATION REQUEST

1. Is it the intent of NFPA 101®, Life Safety Code®, 1997 edition, 12-3.6.3.4 and 13-3.6.3.4 to prohibit the application of push-plates, hardware, or other attachments on corridor doors higher than 48 inches above the floor in health care occupancies?

2. Is it the intent of NFPA 101®, Life Safety Code®, 1997 edition, 12-3.7.5 and 13-3.7.5 to prohibit the application of push-plates, hardware, or other attachments on smoke barrier doors higher than 48 inches above the floor in health care occupancies?

3. Is it the intent of NFPA 101®, Life Safety Code®, 1997 edition, 13-3.2.1 to prohibit the application of push-plates, hardware, or similar attachments on doors serving hazardous areas higher than 48 inches above the floor in existing health care occupancies?